

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028415  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

4286

FILED AUG 14 1963

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>215 N. Kensington</b>		d. STREET ADDRESS (If outside, give location) <b>215 N. Kensington</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Lemuel</b> Middle <b>E.</b> Last <b>Hutton</b>		4. DATE OF DEATH Month <b>July</b> Day <b>30</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH- <b>3/21/1902</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stationery Fireman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>K. C. Terminal</b>	9. AGE (last birthday) <b>61</b>
11a. FATHER'S NAME <b>Lem Henry Hutton</b>		11. BIRTHPLACE (City and state or country) <b>Pleasant Hill, Mo.</b>	
13a. MOTHER'S MAIDEN NAME <b>Ermon White</b>		12. CITIZEN OF WHAT COUNTRY <b>U S</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		14. NAME OF HUSBAND OR WIFE <b>Dorothy L. Hutton</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Dorothy L. Hutton</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Infection due to Melanotic Ca of Cervix 1 yr.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>of stomach; due to Primary Carcinoma 5 yrs.</b> DUE TO (c) <b>of left lung.</b>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>1:00 P.M.</b> Month, Day, Year <b>10/25/58</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Sedalia, Missouri</b>	
21. I attended the deceased from <b>10/25/58</b> to <b>7/30/63</b> and last saw her alive on <b>7/27/63</b> Death occurred at <b>1:00 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>7/31/63</b>	
22a. SIGNATURE <b>Fred H. Lundgren Jr. MD</b>		22b. ADDRESS <b>4706 Broadway</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>8/1/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	
24. FUNERAL DIRECTOR <b>Earp &amp; Sons</b>		25. DATE RECD. BY LOCAL REG. <b>7-31-63</b>	
ADDRESS <b>Kansas City</b>		26. REGISTRAR'S SIGNATURE <b>Paul Long</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Fred H. Lundgren, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James W. Eirp  
Licensed Embalmer No. 4622

P. O. Address 19. C. 740

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.